

Town of Seekonk - Collector's Office

Request for Tax Payment Information

Calendar Year _____

Requested by/Mail to:

Name: _____

Address: _____

City/Town: _____

State: _____

Zip Code: _____

Signature Required

Please complete a separate request form for each additional property, or if you need additional space for motor vehicle excise. You may submit multiple requests in the same envelope.

☐ Real Estate

Parcel ID:	Property Location:	Date Paid: Office Use	Total Tax Paid: Office Use

☐ Motor Vehicle Excise

*Due to the Drivers Privacy Protection Act, the only information we can supply is the total tax paid.
No other information can be given without proper ID.*

Owner:	Make:	Year:	Plate #:	Date Paid: Office Use	Total Tax Paid: Office Use

☐ Disposal

Rental Properties Only

Parcel ID:	Property Location:	Date Paid: Office Use	Total Tax Paid: Office Use

Please send completed form to : Collector's Office, 100 Peck Street, Seekonk, MA 02771

You MUST include a SELF-ADDRESSED, STAMPED envelope with your request.

Staff Initials: _____